

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

State/Territory: Kentucky

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation
42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TN No. 87-15
Supersedes
TN No. 74-7

Approval Date JAN 22 1988

Effective Date 10-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation

42 CFR 431.202

AT-79-29

AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN # 74-7
Supersedes
TN # _____

Approval Date 9/12/74 Effective Date 4/1/74

Revision: HCFA-AT-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: Kentucky

Citation
42 CFR 431.301
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

TN No. 87-15
Supersedes
TN No. 74-7

Approval Date JAN 22 1988

Effective Date 10-1-87

89-2

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Kentucky

Citation
42 CFR 455.12
AT-78-90
48 FR 3742
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

TN No. 88-24
Supersedes
TN No. 83-7

Approval Date DEC 12 1988

Effective Date 10-1-88

HCFA ID: 1010P/0012P

Received 12/6/88

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.16
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 28-1
Supersedes
TN # _____

Approval Date 3/23/78

Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.17
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 78-1
Supersedes
TN # _____

Approval Date 2/23/78

Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.18 (b)
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

TN # 74-5
Supersedes
TN # _____

Approval Date 9/12/74 Effective Date 2/18/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 433.37
AT-78-90

4.9 Reporting Provider Payments to Internal
Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 74-5
Supersedes
TN # _____

Approval Date 9/12/74 Effective Date 2/18/74

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: Kentucky

Citation
42 CFR 431.51
AT-78-90
46 FR 48524
48 FR 23212
1902 (a) (23)
of the Act
P.L. 100-93
(section 8(f))
P.L. 100-203
(section 4113)

4.10 Free Choice of Providers

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual--
 - (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
 - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
 - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act.
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1915(b)(1), a health maintenance organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

TN No. 92-2
Supersedes
TN No. 89-26

Approval Date 2-26-92 Effective Date 2-1-92

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.610
AT-78-90
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the Department for Human Resources
-
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): the Department for Human Resources
-
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 74-5
Supersedes
TN # _____

Approval Date 9/12/74

Effective Date 2/18/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.610
AT-78-90
AT-89-34

4.11(d) The Department for Human

Resources (agency)
which is the State agency responsible
for licensing health institutions,
determines if institutions and
agencies meet the requirements for
participation in the Medicaid
program. The requirements in 42 CFR
431.610(e), (f) and (g) are met.

TN # 74-5
Supersedes
TN # _____

Approval Date 9/12/74 Effective Date 2/18/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.105 (b)
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

☐ Yes, as listed below:

☒ Not applicable. Similar services are not provided to other types of medical facilities.

TN # 74-1
Supersedes
TN # _____

Approval Date 9/12/74

Effective Date 10/1/73

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: Kentucky

Citation 4.13

Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483 Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920 (b)(2) and (c) are met.

X Yes.

____ Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. 01-21
Supersedes
TN No. 92-01

Approval Date DEC 12 2001 Effective Date 11/1/01

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: KentuckyCitation

1902(a)(58)

1902(w) 4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, health maintenance organizations and health insuring organizations are required to do the following:
 - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State Law (whether

TN No. 91-31

Supersedes

Approval Date 4-7-92Effective Date 12-1-91TN No. None

HCFA ID: 10-1E

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: Kentucky

statutory or recognized by the courts) concerning advance directives; and

(f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

(2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:

(a) Hospitals at the time an individual is admitted as an inpatient.

(b) Nursing facilities when the individual is admitted as a resident.

(c) Providers of home health care or personal care services before the individual comes under the care of the provider;

(d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and

(e) Health maintenance organizations at the time of enrollment of the individual with the organization.

(3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

Not applicable. No State law or court decision exist regarding advance directives.

TN No. 91-31

Supersedes

Approval Date

4-7-92

Effective Date

12-1-91TN No. None

HCFA ID:

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: Kentucky

Citation

42 CFR 431.60

42 CFR 456.2

50 FR 18312

1902(a)(30)(C) and

1902(d) of the

Act, P.L. 99-509

(Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

— Directly

X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO—

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

— Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(section 9431)

— By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

TN No. 92-2
Supersedes
TN No. 88-24

Approval Date 2-26-92 Effective Date 2-1-92

Revision. HCFA-TM-05 3 (BERC)
MAY 1985

State: Kentucky

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

☒ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

☐ All hospitals (other than mental hospitals).

☐ Those specified in the waiver.

☒ No waivers have been granted.

TN No. 85-2
Supersedes
TN No. 77-7

Approval Date 10-23-86

Effective Date 7-1-85

HCFA ID: 0048P/0002P

Citation
42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals. *

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews. *

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

☐ All mental hospitals.

☐ Those specified in the waiver.

☐ No waivers have been granted.

☐ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

* For all mental hospitals and psychiatric residential treatment facilities, the required reviews are performed by a professional review agency.

Citation
42 CFR 456.2
50 FR 15312

- 4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of nursing facility services.

☒ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

☐ All skilled nursing facilities.

☐ Those specified in the waiver.

☒ No waivers have been granted.

Citation
42 CFR 456.2
50 FR 15312

4.14 ☒ (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

☐ Facility-based review.

☐ Direct review by personnel of the medical assistance unit of the State agency. *

☐ Personnel under contract to the medical assistance unit of the State agency.

☒ Utilization and Quality Control Peer Review Organizations.

☐ Another method as described in ATTACHMENT 4.14-A.

☐ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

☐ Not applicable. Intermediate care facility services are not provided under this plan.

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: Kentucky

Citation

4.14 Utilization/Quality Control (Continued)

1902(a)(30)
and 1902(d) of
the Act,
P.L. 99-509
(Section 9431)
P.L. 99-203
(section 4113)

(f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

- A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
- A private accreditation body.
- An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 92-2
Supersedes
TN No. 87-15

Approval Date 2-26-92 Effective Date 2-1-92

Revision: HCFA-PM-92-2 (HSQB)
MARCH 1992

State/Territory: Kentucky

Citation 4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part
456 Subpart
I, and
1902(a)(31)
and 1903(g)
of the Act

☒ The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

☒ ICFs/MR;

☐ Inpatient psychiatric facilities for* recipients under age 21; and

☐ Mental Hospitals.*

42 CFR Part
456 Subpart
A and
1902(a)(30)
of the Act

☒ All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

☐ Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

☐ Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

☐ Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

* For all mental hospitals and all inpatient psychiatric facilities serving recipients age twenty-one (21) years and younger, the required reviews are performed by a professional review agency.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.615(c)
AT-78-90

4.16 Relations with State Health and Vocational
Rehabilitation Agencies and Title V
Grantees

42 CFR 431.620

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with Title V grantees, that meet the requirements of 42 CFR 431.615 and 42 CFR 431.620.

Attachment 4.16 A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 89-15
Supersedes
TN # 74-1

Approval Date MAR 06 1990 Effective Date 1-1-89

Revision: HCFA-AT-82-29 (BPP)
December 1982

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

42 CFR 433.36(c)
AT-78-90
47 FR 43644

4.17 Liens and Recoveries

Liens are imposed against an individual's property.

X No.

___ Yes.

- (a) Liens are imposed against an individual's property before his or her death because of Medicaid claims paid or to be paid on behalf of that individual following a court judgement which determined that benefits were incorrectly paid for that individual in accordance with 42 CFR 433.36(g)(1).

___ Item (a) is not applicable. No such lien is imposed.

___ Item (a) applies only to an individual's real property;

___ Item (a) applies only to an individual's personal property; or

___ Item (a) applies to both an individual's real and personal property.

- (b) Liens are placed against the real property of an individual before his or her death because of Medicaid claims paid or to be paid for that individual in accordance with 42 CFR 433.36(g)(2).

___ Item (b) is not applicable. No such lien is imposed.

1917(b) of
the Act

Effective October 1, 1993, the agency complies with the provisions of 1917(b) of the Social Security Act as amended.

Revision: HCFA-AT-82-29 (BPP)
December 1982

State Kentucky

Citation
42 CFR 433.36(c)
AT-78-90
47 FR 43644

- 4.17 (c) Adjustments or recoveries for Medicaid claims correctly paid are imposed only in accordance with section 433.36(h).
- (d) No money payments under another program are reduced as a means of recovering Medicaid claims incorrectly paid.
- (e) ATTACHMENT 4.17-A —
- (a) Specifies the process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the process meets the requirements of 42 CFR 433.36(d).
- (b) Defines the terms specified in 42 CFR 433.36(e).
- (c) Specifies the criteria by which a son or daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).

TN # 83-9

Supersedes

TN #

Approval Date 8/15/83

Effective Date 7-1-83

State: Kentucky

Citation 4.18 Recipient Cost Sharing and Similar Charges

42 CFR 447.51
through 447.58

(a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b)
of the Act

(b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

___ Age 19

___ Age 20

___ Age 21

X Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

- Recipients between the ages of 18 and 21 who are in state custody and are in foster care or residential treatment are exempted from copayments.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may

TN No. 02-05
Supersedes
TN No. 92-01

Approval Date: NOV 2 1991

Effective Date: 8/01/02

State: Kentucky

Citation 4.18 Recipient Cost Sharing and Similar Charges (continued)

42 CFR 447.51
through 447.58

(b) (2)

-
- (iii) All services furnished to pregnant women.
Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
 - (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
 - (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
 - (vi) Family planning services and supplies furnished to individuals of childbearing age.
 - (vii) Services furnished to an individual receiving Hospice care, as defined in section 1905(o) of the Act.

1916 of the Act,
P.L. 99-272
(Section 9505)

TN No. 02-05
Supersedes
TN No. 92-01

Approval Date: NOV 6 1991

Effective Date: 8/01/02

State: Kentucky

Citation 4.18 Recipient Cost Sharing and Similar Charges (continued)

42 CFR 447.51
through 447.58

(b) (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

___ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

- ☒ 18 or older
- ☐ 19 or older
- ☐ 20 or older
- ☐ 21 or older

___ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

State: Kentucky

Citation	4.18	<u>Recipient Cost Sharing and Similar Charges (continued)</u>
42 CFR 447.51 through 447.58	(b) (3)	<p>(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:</p> <p>(A) Service(s) for which a charge(s) is applied;</p> <p>(B) Nature of the charge imposed on each service;</p> <p>(C) Amount(s) of and basis for determining the charge(s);</p> <p>(D) Method used to collect the charge(s);</p> <p>(E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;</p> <p>(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and</p> <p>(G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.</p> <p><u>X</u> Not applicable. There is no maximum.</p>

TN No. 02-05
Supersedes
TN No. 92-01

Approval Date: 8/01/02

Effective Date: 8/01/02

Citation	4.18	<u>Recipient Cost Sharing and Similar Charges (continued)</u>
1916(c) of the Act	(b) (4) ____	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining what constitutes unique hardship for waiving payment of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	(5) <u>X</u>	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. ATTACHMENT 4.18-F specifies the method the State uses for determining the premium.
1916(d) of the Act	(6) ____	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

State: Kentucky

Citation	4.18	<u>Recipient Cost Sharing and Similar Charges (continued)</u>
42 CFR 447.51 through 447.58	<u>X</u>	(c) Individuals are covered as medically needy under the plan. (1) An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 through 447.58		(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following: (i) Services to individuals under age 18, or under — Age 19 — Age 20 — Age 21 <u>X</u> Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable: • Recipients between the ages of 18 and 21 who are in state custody and are in foster care or residential treatment are exempted from copayments.

TN No. 02-05
Supersedes
TN No. 92-01

Approval Date: NOV 27 1991

Effective Date: 8/01/02

State: Kentucky

Citation 4.18 Recipient Cost Sharing and Similar Charges (continued)

42 CFR 447.51
through 447.58

(c) (2)

(ii) Services to pregnant women related to pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

— Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,
P.L. 99-272
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 02-05
Supersedes
TN No. 92-01

Approval Date: _____

NOV 1 1991

Effective Date: 8/01/02

State: Kentucky

Citation 4.18 Recipient Cost Sharing and Similar Charges (continued)

42 CFR 447.51
through 447.58

(c) (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (c)(2) above.

— Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

X 18 or older
 — 19 or older
 — 20 or older
 — 21 or older

— Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable:

TN No. 02-05
Supersedes
TN No. 92-01

Approval Date: NOV 1991

Effective Date: 8/01/02

State: Kentucky

Citation 4.18 Recipient Cost Sharing and Similar Charges (continued)

42 CFR 447.51
through 447.58

(c) (3)

(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

X Not applicable. There is no maximum.

TN No. 02-05
Supersedes
TN No. 92-01

Approval Date: _____

Effective Date: 8/01/02

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Kentucky

Citation 4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
and 1923 of
the Act

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

☐ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

☒ Inappropriate level of care days are not covered.

TN No. 92-1

Supersedes

TN No. 87-15

Approval Date

NOV 14 1994

Effective Date

1-1-92

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Kentucky

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and
(n), 1920, and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and intermediate care facilities for the mentally retarded services that are described in other attachments.

TN No. 92-1

Supersedes

TN No. 90-11

Approval Date

NOV 14 1994

Effective Date

1-1-92

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

☒ Yes. The State's policy is described in ATTACHMENT 4.19-C.

☐ No.

TN # 77-6
Supersedes
TN # _____

Approval Date 11/23/77 Effective Date 1/1/78

Revision: HCFA - Region VI
November 1990

State/Territory: Kentucky

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141
Section 1902(a)
(13)(A) of Act
(Section 4211 (h)
(2)(A) of P.L.
100-203).

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.

☒ At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

TN No. 90-37
Supersedes
TN No. 87-15

Approval Date NOV 14 1994 Effective Date 10/1/90

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 447.45 (c)
AT-79-50

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-13
Supersedes
TN # _____

Approval Date 1/10/80

Effective Date 8/23/79

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

State/Territory: Kentucky

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 87-15
Supersedes
TN No. 83-11

Approval Date JAN 22 1987

JAN 22 1988

Effective Date 10-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 447.201
42 CFR 447.202
AT-78-90

4.19(g) The Medicaid agency assures appropriate
audit of records when payment is based on
costs of services or on a fee plus
cost of materials.

TN # 79-9
Supersedes
TN # _____

Approval Date 9/17/79

Effective Date 8/6/79

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State Kentucky

Citation

42 CFR 447.201

42 CFR 447.203

AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 79-9

Supersedes

TN #

Approval Date 9/17/79

Effective Date 8/6/79

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # 79-9
Supersedes
TN # _____

Approval Date 9/12/79 Effective Date 8/6/79

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: Kentucky

Citation

42 CFR 447.201 and 447.205	4.19(j)	The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.
1903(v) of the Act	(k)	The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 92-1

Supersedes

TN No. 87-15

Approval Date

NOV 14 1994

Effective Date

1-1-92

HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: Kentucky

Citation

1903(i)(14)
of the Act

4.19(1) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

TN No. 93-9

Supersedes

TN No. None

Approval Date JUN 4 1993

Effective Date 4-1-93

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: Kentucky

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2) (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in (C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

— sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

X — sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

X — is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$3.30 per administration fee (with a limit of 3 administration fees per recipient, per date of service).

1926 of the Act (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

The state's administration fee was established by using Medicare's administration fee of \$3.28 rounded to the nearest ten (10) cents. The state believes the use of Medicare's fee in combination with Kentucky's KenPAC Program will assure adequate access to immunization.

*the request Anita
made, 1/20/95, this change
was made. C. Kasriel*

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 447.25 (b)
AT-78-90

4.20 Direct Payments to Certain Recipients for
Physicians' or Dentists' Services

Direct payments are made to certain recipients
as specified by, and in accordance with, the
requirements of 42 CFR 447.25.

☐ Yes, for ☐ physicians' services
☐ dentists' services

ATTACHMENT 4.20-A specifies the
conditions under which such payments are
made.

☒ Not applicable. No direct payments are
made to recipients.

TN # 78-2
Supersedes
TN # _____

Approval Date 3/16/78 Effective Date 9/16/77

Revision: HCFA-AT-81-34 (BPP)

10-81

State KentuckyCitation4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # 81-31

Supersedes

TN # 78-10Approval Date 12-4-81Effective Date 7-1-81

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: Kentucky

Citation

4.22 Third Party Liability

- 42 CFR 433.137 (a) The Medicaid agency meets all requirements of:
- (1) 42 CFR 433.138 and 433.139.
 - (2) 42 CFR 433.145 through 433.148.
 - (3) 42 CFR 433.151 through 433.154.
 - (4) Sections 1902(a)(25)(H) and (I) of the Act.
- of the Act
- 42 CFR 433.138(f) (b) ATTACHMENT 4.22-A --
- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;
 - (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
 - (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
 - (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.
- 42 CFR 433.138(g)(1)(ii) and (2)(ii)
- 42 CFR 433.138(g)(3)(i) and (iii)
- 42 CFR 433.138(g)(4)(i) through (iii)

TN No. 96-5

Supersedes

TN No. 90-10

Approval Date

5-20-96

Effective Date 1/1/96

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: Kentucky

Citation

- 42 CFR 433.139(b)(3) — (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (ii)(A)
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

TN No. 96-5 Approval Date 5-20-96 Effective Date 1/1/96
Supersedes
TN No. 90-10

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: Kentucky

Citation

4.22 (continued)

42 CFR 433.151(a)

- (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

☒ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

☐ Other appropriate State agency(s)--

☐ Other appropriate agency(s) of another State--

☐ Courts and law enforcement officials.

1902(a)(60) of the Act

- (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

- (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

☐ The Secretary's method as provided in the State Medicaid Manual, Section 3910.

☒ The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

TN No. 96-5

Supersedes

TN No. 92-22

Approval Date

5-20-96

Effective Date 1/1/96

Revision: HCFA-AT-84-2 (BERC)
01-84

State Kentucky

Citation
42 CFR Part 434.4
48 FR 54013

4.23 Use of Contracts

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

☐ Not applicable. The State has no such contracts.

TN # 84-5

Supersedes

TN # 83-6

Approval Date 10-12-84 Effective Date 7-1-84

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation:
42 CFR 442.10
and 442.100

AT-78-90

AT-79-18

AT-80-25

AT-80-34

52 FR 32544

4.24 Standards for Payments for Skilled Nursing
and Intermediate Care Facility Services.

With respect to skilled nursing and
intermediate care facilities, all applicable
requirements of 42 CFR Part 442, Subparts B
and C are met.

☐ Not applicable to intermediate care
facilities; such services are not
provided under this plan.

TN # 89-26

Supersedes

TN # 80-3

Approval Date AUG 08 1989 Effective Date 7/1/89

Received July 24, 1989

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.702
AT-78-90

4.25 Program for Licensing Administrators of Nursing
Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # 74-2
Supersedes
TN # _____

Approval Date 9/12/74 Effective Date 10/1/73

Revision: HCFA-PM- (MB)

State/Territory: KentuckyCitation1927(g)
42 CFR 456.700

4.26 Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b) and
456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

1927(g)(1)(B)
42 CFR 456.703
(d)and(f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopeia-Drug Information
- American Medical Association Drug Evaluations

TN No. 93-11

Supersedes

TN No. 93-1Approval Date JUN 1 1993Effective Date 4-1-93

State/Territory: KentuckyCitation1927(g)(1)(D)
42 CFR 456.703(b)

- D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

 Prospective DUR
 X Retrospective DUR.

1927(g)(2)(A)
42 CFR 456.705(b)

- E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705(b),
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Drug-interactions with non-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

1927(g)(2)(A)(ii)
42 CFR 456.705 (c)
and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709(a)

- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. 93-11

Supersedes

TN No. 93-1

Approval Date

JUN 1 1993Effective Date 4-1-93

State/Territory: KentuckyCitation927(g)(2)(C)
42 CFR 456.709(b)

- F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)
42 CFR 456.716(a)

- G.1. The DUR program has established a State DUR Board either:

X Directly, or
— Under contract with a private organization

1927(g)(3)(B)
42 CFR 456.716
(A) AND (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:
- Clinically appropriate prescribing of covered outpatient drugs.
 - Clinically appropriate dispensing and monitoring of covered outpatient drugs.
 - Drug use review, evaluation and intervention.
 - Medical quality assurance.

927(g)(3)(C)
42 CFR 456.716(d)

3. The activities of the DUR Board include:
- Retrospective DUR,
 - Application of Standards as defined in section 1927(g)(2)(C), and
 - Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

TN No. 93-11

Supersedes

TN No. 93-1

Approval Date

JUN 1 1993Effective Date 4-1-93

Revision: HCFA-PM-

(MB)

OMB No.

State/Territory: KentuckyCitation

1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G.4 The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)
42 CFR 456.712
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)
42 CFR 456.722

I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(i)
42 CFR 456.705(b)

2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927(j)(2)
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

* U.S. G.P.O.:1993-342-239:80043

TN No. 93-11

Supersedes

TN No. 93-1

Approval Date

JUN 1 1993

Effective Date 4-1-93

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation
42 CFR 431.115 (c)
AT-78-90
AT-79-74

4.27 Disclosure of Survey Information and Provider
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 79-23
Supersedes
TN # _____

Approval Date 1/3/80

Effective Date 10/15/79

Revision: HCFA-PM-93-1
January 1993

(BPD)

State/Territory: Kentucky

Citation

42 CFR 431.152;
AT-79-18
52 FR 22444;
Secs.
1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act; P.L.
100-203 (Sec. 4211(c)).

4.28 Appeals Process

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. 94-1
Supersedes _____ Approval Date APR 12 1994 Effective Date 1-1-94
TN No. 90-5

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation

Sec. 1902(a)
(4)(C) of the Act
P.L. 95-559,
sec. 14
AT-79-42

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by Section 207 or 208 of title 18, United States Code.

TN # 80-4
Supersedes
TN # _____

Approval

8/22/80

Effective Date 7/1/80

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Kentucky

Citation
42 CFR 1002.203
AT-79-54
48 FR 3742
51 FR 34772

4.30 Exclusion of Providers and Suspension of
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

☒ The agency, under the authority of State law, imposes broader sanctions.

TN No. 89-26
Supersedes
TN No. 87-15

Approval Date AUG 08 1989 Effective Date 7/1/89

Received July 24, 1989

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Kentucky

Citation

1902(p) of the Act
P.L. 100-93
(secs. 7)

(b) The Medicaid agency meets the requirements of--

(1) Section 1902(p) of the Act by excluding from participation--

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

(B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

TN No. 89-26
Supersedes
TN No. 81-2

Approval Date AUG 08 1989

Effective Date 7/1/89

Received July 24, 1989

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Kentucky

Citation

1902(a)(39) of the Act
P.L. 100-93
(sec. 8(f))

(2) Section 1902(a)(39) of the Act by--

(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)
of the Act
P.L. 96-272,
(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the Act
P.L. 100-93
(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN No. 89-26
Supersedes
TN No. None

Approval Date AUG 08 1989 Effective Date 7/1/89

Received July 24, 1989

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

455.103
44 FR 41644
1902(a)(38)
of the Act
P.L. 100-93
(sec. 8(f))

- 4.31 Disclosure of Information by Providers and Fiscal Agents
The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940
through 435.960
52 FR 5967
54 FR 8738

4.32 Income and Eligibility Verification System

- (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.
- (b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L. 100-93
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals. —

TN No. 89-26
Supersedes
TN No. 87-15

Approval Date AUG 08 1989 Effective Date 7/1/89

Received July 24, 1989

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Kentucky

Citation
1137 of
the Act

P.L. 99-603
(sec. 121)

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

☒ The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

☒ The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

☒ Total waiver

☒ Alternative system

☒ Partial implementation

TN No. 88-24
Supersedes
TN No. None

Approval Date DEC 12 1988

Effective Date 10-1-88

HCFA ID: 1010P/0012P

Received 12/16/88

Revision: HCFA-PM-90- 2 (BPD)
JANUARY 1990

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

4.35 Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation

1919(h)(1)
and (2)
of the Act,
P.L. 100-203
(Sec. 4213(a))

- (a) The Medicaid agency meets the requirements of section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A)(i) through (iv) of the Act.

☐ Not applicable to intermediate care facilities; these services are not furnished under this plan.

☐ (b) The agency uses the following remedy(ies):

- (1) Denial of payment for new admissions.
- (2) Civil money penalty.
- (3) Appointment of temporary management.
- (4) In emergency cases, closure of the facility and/or transfer of residents.

1919(h)(2)(B)(ii)
of the Act

- ☒ (c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation). ATTACHMENT 4.35-B describes these alternative remedies and specifies the basis for their use.

1919(h)(2)(F)
of the Act

- ☒ (d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:

☒ (1) Public recognition.

☐ (2) Incentive payments.

TN No. 89-36
Supersedes
TN No. None

Approval Date

APR 19 1990

Effective Date

10-1-89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: Kentucky

Citation

4.35 Enforcement of Compliance for Nursing Facilities

42 CFR
\$488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR
\$488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR
\$488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR
\$488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR
\$488.488.404(b)(1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

— The State considers additional factors. Attachment 4.35-A describes the State's other factors.

TN No. 95-13
Supersedes
TN No. None

Approval Date: 1-16-96

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: Kentucky

Citation

c) Application of Remedies

42 CFR
\$488.410

- (i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR
\$488.417(b)
\$1919(h)(2)(C)
of the Act.

- (ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.

42 CFR
\$488.414
\$1919(h)(2)(D)
of the Act.

- (iii) The State imposes the denial of payment for new admissions remedy as specified in \$488.417 (or its approved alternative) and a State monitor as specified at \$488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR
\$488.408
\$1919(h)(2)(A)
of the Act.

- (iv) The State follows the criteria specified at 42 CFR \$488.408(c)(2), \$488.408(d)(2), and \$488.408(e)(2), when it imposes remedies in place of or in addition to termination.

42 CFR
\$488.412(a)

- (v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

42 CFR
\$488.406(b)
\$1919(h)(2)(A)
of the Act.

- (i) The State has established the remedies defined in 42 CFR 488.406(b).

- | | |
|----------|---|
| <u>X</u> | (1) Termination |
| <u>X</u> | (2) Temporary Management |
| <u>X</u> | (3) Denial of Payment for New Admissions |
| <u>X</u> | (4) Civil Money Penalties |
| <u>X</u> | (5) Transfer of Residents; Transfer of Residents with Closure of Facility |
| <u>X</u> | (6) State Monitoring |

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

TN No. 95-13

Supersedes

TN No. None

Approval Date: 1-16-96

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: Kentucky

Citation

42 CFR
§488.406(b)
§1919(h)(2)(B)(ii)
of the Act.

(ii) — The State uses alternative remedies.
The State has established alternative
remedies that the State will impose in
place of a remedy specified in 42 CFR
488.406(b).

- (1) Temporary Management
- (2) Denial of Payment for New Admissions
- (3) Civil Money Penalties
- (4) Transfer of Residents; Transfer of
Residents with Closure of Facility
- (5) State Monitoring.

Attachments 4.35-B through 4.35-G describe the
alternative remedies and the criteria for applying them.

42 CFR
§488.303(b)
1910(h)(2)(F)
of the Act.

(e) X State Incentive Programs

- X (1) Public Recognition
- (2) Incentive Payments

TN No. 95-13

Supersedes

TN No. None

Approval Date: 1-16-96

Effective Date: 7/1/95

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Kentucky

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)
and 1902(a)(53)
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

TN No. 92-1

Supersedes

TN No. None

Approval Date

NOV 14 1994

Effective Date

1-1-92

HCFA ID: 7982E

Revision: HCFA-PM-91- 10
 DECEMBER 1991

(BPD)

State/Territory: Kentucky

Citation

42 CFR 483.75; 42
 CFR 483 Subpart D;
 Secs. 1902(a)(28),
 1919(e)(1) and (2),
 and 1919(f)(2),
 P.L. 100-203 (Sec.
 4211(a)(3)); P.L.
 101-239 (Secs.
 6901(b)(3) and
 (4)); P.L. 101-508
 (Sec. 4801(a)).

4.38 Nurse Aide Training and Competency
 Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- X (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- X (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- X (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 92-2
 Supersedes
 TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

Revision: HCFA-PM-91- 10
DECEMBER 1991

790
(BPD)

State/Territory: Kentucky

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

TN No. 92-2
Supersedes
TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

Revision: HCFA-PM-91-10
DECEMBER 1991

79p
(BPD)

State/Territory: Kentucky

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

(m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.

(n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.

(o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).

(p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).

X

(q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.

(r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

TN No. 92-2
Supersedes
TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

Revision: HCFA-PM-91-10
DECEMBER 1991

79g
(BPD)

State/Territory: Kentucky

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2);
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

TN No. 92-2
Supersedes
TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

Revision: HCFA-PM-91-10
DECEMBER 1991

79r
(BPD)

State/Territory: Kentucky

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

(z) The State includes a record of
successful completion of a
competency evaluation within 30
days of the date an individual
is found competent.

X (aa) The State imposes a maximum upon
the number of times an
individual may take a competency
evaluation program (any maximum
imposed is not less than 3).

(bb) The State maintains a nurse aide
registry that meets the
requirements in 42 CFR 483.156.

X (cc) The State includes home health
aides on the registry.

— (dd) The State contracts the
operation of the registry to a
non State entity.

— (ee) ATTACHMENT 4.38 contains the
State's description of registry
information to be disclosed in
addition to that required in 42
CFR 483.156(c)(1)(iii) and (iv).

— (ff) ATTACHMENT 4.38-A contains the
State's description of
information included on the
registry in addition to the
information required by 42 CFR
483.156(c).

TN No. 92-2
Supersedes
TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: Kentucky

Citation
Secs.

1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act;
P.L. 100-203
(Sec. 4211(c));
P.L. 101-508
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

Pit HCFA
4-12-94
X

TN No. 94-1

Supersedes

TN No. None

Approval Date

APR 12 1994

Effective Date 1-1-94

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: Kentucky

4.39 (Continued)

- _____ (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

TN No. 94-1 **APR 12 1994**
Supersedes _____ Approval Date _____ Effective Date 1-1-94
TN No. None

Revision: HCFA-PM-92-3 (HSQB)
APRIL 1992

OMB No.:

State/Territory: Kentucky

Citation4.40 Survey & Certification ProcessSections

1919(g)(1)
thru (2) and
1919(g)(4)
thru (5) of
the Act P.L.
100-203
(Sec.
4212(a))

1919(g)(1)
(B) of the
Act

1919(g)(1)
(C) of the
Act

1919(g)(1)
(C) of the
Act

1919(g)(1)
(C) of the
Act

1919(g)(1)
(C) of the
Act

- (a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.
- (b) The State conducts periodic education programs for staff and residents (and their representatives). Attachment 4.40-A describes the survey and certification educational program.
- (c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. Attachment 4.40-B describes the State's process.
- (d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?
- (e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.
- (f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

TN No. 93-6
Supersedes
TN No. None

Approval Date 8/2/97

Effective Date 1-1-93

HCFA ID: _____

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

OMB No:

State/Territory: Kentucky

- 1919(g)(2)
(A)(i) of
the Act
- (g) The State has procedures, as provided for at section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.
- 1919(g)(2)
(A)(ii) of
the Act
- (h) The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)
(A)(iii)(I)
of the Act
- (i) The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
- 1919(g)(2)
(A)(iii)(II)
of the Act
- (j) The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)
(B) of the
Act
- (k) The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)
(C) of the
Act
- (l) The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

TN No. 93-06
Supersedes
TN No. None

Approval Date 9/12/97Effective Date 1-1-93

HCFA ID: _____

Revision: HCFA-PM-92- 3
APRIL 1992

(HSQB)

OMB No:

State/Territory: Kentucky

- | | |
|--------------------------------------|--|
| 1919(g)(2)
(D) of the
Act | (m) The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. <u>Attachment 4.40-D</u> describes the State's programs. |
| 1919(g)(2)
(E)(i) of
the Act | (n) The State uses a multidisciplinary team of professionals including a registered professional nurse. |
| 1919(g)(2)
(E)(ii) of
the Act | (o) The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed. |
| 1919(g)(2)
(E)(iii) of
the Act | (p) The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary. |
| 1919(g)(4)
of the Act | (q) The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. <u>Attachment 4.40-E</u> describes the State's complaint procedures. |
| 1919(g)(5)
(A) of the
Act | (r) The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act. |
| 1919(g)(5)
(B) of the
Act | (s) The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility. |
| 1919(g)(5)
(C) of the
Act | (t) If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board. |
| 1919(g)(5)
(D) of the
Act | (u) The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions. |

TN No. 93-06
Supersedes
TN No. None

Approval Date 6/12/97

Effective Date 1-1-93

HCFA ID: _____

Revision: HCFA-PM-92- 2
MARCH 1992

(HSQB)

State/Territory: Kentucky

Citation4.41 Resident Assessment for Nursing Facilities

Sections
1919(b)(3)
and 1919
(e)(5) of
the Act

- (a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

1919(e)(5)
(A) of the
Act

- (b) The State is using:

_____ the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or

1919(e)(5)
(B) of the
Act

- x a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

TN No. 93-06
Supersedes
TN No. None

Approval Date

01/2/97Effective Date 1-1-93

HCFA ID: _____